



TRINITY COUNTY

Behavioral Health Services

MENTAL HEALTH · SUBSTANCE USE DISORDERS · PREVENTION

CLIENT BILL OF RIGHTS

for Substance Use Program Participants

As a client, you have the right to:

- To be treated for the life-threatening, chronic disease of substance use disorder with honesty, respect, and dignity, including privacy in treatment and in care of personal needs.
- To be informed by the treatment provider of all the aspects of treatment recommended to the client, including the option of no treatment, risks of treatment, and expected result or results.
- To be treated by treatment providers with qualified staff.
- To receive evidence-based treatment.
- To be treated simultaneously for co-occurring behavioral health conditions, when medically appropriate and the treatment provider is authorized to treat co-occurring conditions.
- To receive an individualized, outcome-driven treatment plan.
- To remain in treatment for as long as the treatment provider is authorized to treat the client.
- To receive support, education, and treatment for their families and loved ones, if the treatment provider is authorized to provide these services.
- To receive care in a treatment setting that is safe and ethical.
- To be free from mental and physical abuse, exploitation, coercion, and physical restraint.

- To be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a written copy of these rights was given.
- To be informed by the treatment provider of the law regarding complaints, including, but not limited to, to be informed of the address and telephone number of DHCS.
- To receive ethical care that covers and ensures full compliance with the requirements set forth in Chapter 5 (commencing with Section 10500) of Division 4 of Title 9 of the California Code of Regulations and the alcohol and other drug program certification standards adopted in accordance with Section 11830.1, if applicable.

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

TRINITY COUNTY SUBSTANCE USE DISORDER SERVICES
DRUG FREE TREATMENT PROGRAM

SUD CLIENT BILL OF RIGHTS ACKNOWLEDGMENT

My signature affirms and acknowledges that I have been informed of my rights under the California Ethical Treatment for Persons with Substance Use Disorder (SUD) Act and have received a written copy of these rights.

Client Signature _____ Date _____